

**DISPENSARY WORK**

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Among the different nationalities one finds in dispensary visiting work are various grades of people, all with ideas and ways of their own, the majority living on the fourth or fifth floor, reached through narrow and dark halls and stairways.

Many families are too poor to provide the necessary nourishment for the sick one, so the doctor gives a diet order to the kitchen, good for ten days for milk or eggs each day as the case requires. Sometimes the members of the family are so huddled together that one must look round again and again for a place to put her bag, regardless of dirt. More often than otherwise, there are four or five little ones with dirty faces watching the stranger with the bag, and wondering what she is going to do, while father and mother are ready to answer questions and give what assistance they are able.

Some are clean and have a clear table, a fire, and hot water; others are quite at sea as to what one wants or is likely to need, so they simply look on and allow the nurse to search for things in a closet or corner, or perhaps send out to this neighbor or try another, until the needed article is obtained.

One of my first days began at 3.30 A.M., with a call to a mother of eight children, in labor. The husband, who had come to the dispensary, hurried ahead, saying he would have a light in the hallway. Occasionally in the darkness of the morning, we would get a glimpse of him, but could not see the numbers, until finally we remembered the light, and, seeing a dim one, found the door open and climbed the stairs. A young woman of about twenty-six sat in the kitchen. She was very untidy looking, the table was dirty and covered with dirty dishes, the chairs were full of clothes, and a crib with a child asleep in it was at one side. Still with our bags in our hands, we asked to see the patient. In an adjoining room, dimly lighted, was a large bed with the patient in labor, sitting up trying to put a baby to sleep. In a single bed were four children, two at the head and two at the foot, while a cot behind the door gave evidence of recent occupancy. A bureau, chairs, and mantelpiece, each packed with articles and clothes, filled the room, and there was no window open. Our bags were opened on the floor, and the necessary things removed, as we cleared the kitchen table and improvised a screen with two chairs and a sheet, to protect the mother's bed. As six o'clock

drew near the little ones began to peep up, one by one, and were carried to the kitchen, to be watched by the oldest one, a child of ten years. Shortly afterward a baby boy of eight pounds arrived, and soon the doctor and I were on our way to the dispensary, to resume our work at the clinics.

On calling the next day, I found, to my amazement, that the babe's chin and cheeks were skinned and raw from rough cloths and improper care. Several visits were needed to teach this mother how properly to care for her little one, and, with clean, soft linen instead of rough cloth, the face was soon healed.

The next call proved to be a pneumonia patient, in a remote district. The little one was very ill, having one convulsion after another. The mother could not speak English, and the father was away, so I had no one from whom to gain information. Very quickly I understood the case. One room was the home; here were stove, bed, chairs, boxes, and neighbors, occupying all available space. The mother's face was pathetic, as with tired, distracted expression, she watched me put her loved one in a cold pack. To her this was cruel, but her faith in the women doctors gained the day, and soon the wee one showed some signs of recognition and took its food. Anxious days and nights were spent over the unconscious babe, while the weary mother also had to be cared for by the nurse, who urged her to rest, and kept the tired eyes covered with cool compresses until she slept. Two days later happiness reigned where all had been anxiety.

Next day, when preparing supplies, word came that I return to the hospital, as my successor would join me presently. While answering questions and explaining things, an emergency call came. Both doctors were absent, so, selecting an emergency bag, my sister nurse hurried off with the messenger, while I attempted to reach the physicians, and then followed. We were none too soon, for our patient was having a hemorrhage, and all our wits and skill were needed to work to advantage. Elevating the foot of the bed and opening a window, so easily done as a rule, were here difficult tasks, as the bed seemed fitted to the wall, and the windows were evidently little opened. How we worked, all the while watching the face and pulse of our patient and looking for the doctor! At last, when we felt the responsibility must fall on our shoulders and seconds seemed hours, the work was done, and slowly but surely our patient began to improve. We both felt that our training had not been in vain, and I, sorry that my days at Pope Dispensary were over.